

DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION

As a below named inventor(s), I/we hereby declare that:  
My residence, post office address and citizenship are as stated below  
next to my name;

I believe I am the original, first and sole inventor (if only one name  
is listed below) or an original, first and joint inventor (if plural  
names are listed below) of the subject matter which is claimed and for  
which a patent is sought on the invention entitled

ULTRASONIC CARDIAC VOLUME QUANTIFICATION

the specification of which(check one)

☒ [ X ] is attached hereto

☐ [ ] was filed on \_\_\_\_\_ as Application Serial No.

I hereby state that I have reviewed and understand the contents of the  
above-identified specification, including the claims, as amended by  
any amendment referred to above.

I acknowledge the duty to disclose information which is material to  
the examination of this application in accordance with Title 37, Code  
of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §120 of  
any United States application(s) listed below and, insofar as the  
subject matter of each of the claims of this application is not  
disclosed in the prior United States application in the manner  
provided by the first paragraph of Title 35, United States Code, §112,  
I acknowledge the duty to disclose material information as defined in  
Title 37, Code of Federal Regulations, §1.56(a) which occurred between  
the filing date of the prior application and the national or PCT  
international filing date of this application:

<u>60/507,263</u>	<u>09/29/2003</u>	_____
Application Serial No.	Filing Date	Status

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith as well as to file equivalent patent applications in countries foreign to the United States including the filing of international patent applications in accordance with the Patent Cooperation Treaty: W. Brinton Yorks, Jr. (Reg. #28,923), Frederick J. McKinnon (Reg. #28,240), Jack E. Haken (Reg. #26902), and Michael E. Marion (Reg. #32,266).

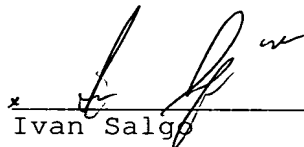
Address all telephone calls to W. Brinton Yorks, Jr. at telephone no. (425) 487-7152.

Address all correspondence to W. Brinton Yorks, Jr., ATL Ultrasound, Inc., 22100 Bothell Everett Highway, P.O. Box 3003, Bothell, Washington 98041-3003.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature:

Full Name of First Inventor:

  
Ivan Salgo

Date: March 2 2004

Citizenship: United States

Residence: Andover, MA

Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003 USA

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: <b>KONINKLIJKE PHILIPS ELECTRONICS N.V.</b>	
Int'l Application No: <b>PCT/IB2004/051416</b>	Int'l File Date: <b>August 6, 2004</b>
Entitled: <b>ULTRASONIC CARDIAC VOLUME QUANTIFICATION</b>	

**Koninklijke Philips Electronics N.V.**, a corporation states that it is:

- ☒ the assignee of the entire right, title and interest,
- ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_% in the patent application/patent identified above,

by virtue of:

- ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_, Frame \_\_\_, or for which a copy thereof is attached.
- ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From \_\_\_ To:  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_, Frame \_\_\_, or for which a copy thereof is attached.
2. From \_\_\_ To:  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_, Frame \_\_\_, or for which a copy thereof is attached.
3. From \_\_\_ To:  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_, Frame \_\_\_, or for which a copy thereof is attached.

- ☐ Additional documents in the chain of title are listed on a supplemental sheet.
- ☒ Copies of assignments or other documents in the chain of title are attached.  
[Note: A separate copy (*i.e.*, the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Date: 3/22/2006

Respectfully submitted,

By W. Brinton Yorks, Jr.  
W. Brinton Yorks, Jr., Reg. #28,923  
Attorney  
Tel: (425) 487-7152

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO**

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

28159

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

28159

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		


Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.  
Groenewoudseweg 1  
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/BB/88 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	02 FEB 2005
Name	Michael E. Marion	Telephone	(914) 333-9637
Title	Authorized Representative		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.